


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90001 023 ***150.00

DOCUMENT # P04000040607 1. Entity Name TIPS & CUTS CORP.																											
Principal Place of Business 7618 SUN VISTA WAY ORLANDO, FL 32822 US		Mailing Address 7618 SUN VISTA WAY ORLANDO, FL 32822 US																									
2. Principal Place of Business - No P.O. Box # 840 Deltona Blvd Suite, Apt. #, etc. Suite A City & State Deltona, Florida Zip 32725 Country USA		3. Mailing Address 840 Deltona Blvd Suite, Apt. #, etc. Suite A City & State Deltona, Florida Zip 32725 Country USA																									
4. FEI Number 20-0837028		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent NIN RAMIREZ, ANA 1336 OKALOOSA AVE. ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name Nin Ramirez, Ana Street Address (P.O. Box Number is Not Acceptable) 840 Deltona Blvd Suite A City Deltona FL Zip Code 32725																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Chris Nair</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/27/07</u>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> P NIN RAMIREZ, ANA 1336 OKALOOSA AVE. ORLANDO, FL 32822 <input type="checkbox"/> Delete </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NIN RAMIREZ, ANA 1336 OKALOOSA AVE. ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> President Nin Ramirez, Ana 840 Deltona Blvd Suite A Deltona, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Nin Ramirez, Ana 840 Deltona Blvd Suite A Deltona, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NIN RAMIREZ, ANA 1336 OKALOOSA AVE. ORLANDO, FL 32822 <input type="checkbox"/> Delete																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Nin Ramirez, Ana 840 Deltona Blvd Suite A Deltona, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u><i>Chris Nair</i></u> DATE: <u>2/27/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											